

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

15CV3507

Derek Ross

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

-against-
New York City Police Dept
an Officer Hernandez D
an Officer Siley M.
of 33 PCT

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

RECEIVED
SDNY PRO SE OFFICE
2015 APR 28 A 11:49

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Derek Ross
ID # ISR-0722
Current Institution Ulster Corr Facility
Address 750 Berme Road
Napanoch, New York 12458

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Hernandez D Shield # 3849
Where Currently Employed NYCP I.N. 938658
Address 2207 AMSTERDAM AVENUE 33 PCT
Manhattan New York 10032

Defendant No. 2

Name

Siley ~~AA~~

Shield #

N/A

Where Currently Employed

NYCP

Address

2207 AMSTERDAM AVENUE

33 PCT

Manhattan New York 10032

Defendant No. 3

Name

Shield #

Where Currently Employed

Address

Defendant No. 4

Name

Shield #

Where Currently Employed

Address

Defendant No. 5

Name

Shield #

Where Currently Employed

Address

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

this is a outside Agency
NYCP Department

B. Where in the institution did the events giving rise to your claim(s) occur?

None

C. What date and approximate time did the events giving rise to your claim(s) occur?

October 18~~th~~ 2014 ILLEGAL SEARCH
4~~th~~ Amendment 14~~th~~ Amendment, Malicious
Prosecution, 4 months of illegal incarceration
IN Riker's Island CORR Fac.

What happened to you?

D Facts: ON OCT 18th 2014 I WAS ARRESTED FOR SELLING DRUGS. CASE WAS DISMISSED ON FEB, 17th 2015. P.L. 220.39 CSCS 3rd Degree. ILLEGALLY SEARCHED AND SEIZED.

Who did what?

TWO OFFICERS APPROACHED ME ON W 161 STREET IN MANHATTAN. ONE SMACKED MY PHONE OUT OF MY HAND ROUGH ME UP AND TOLD ME I WAS UNDER ARREST.

Was anyone else involved?

MY LAWYER SENT AN INVESTIGATOR TO THE STORE WHERE I BROUGHT A SOUP AND COLD TABLET. THE TAPE AND STORE CLERK VERIFIED THAT THAT'S ALL I DID. HER NAME IS PATRICIA LAST NAME UNKNOWN. 2090 AMSTERDAM AVE. STORE

Who else saw what happened?

MY FRIEND RICHARD WAS THE ONE WHOM GAVE ME THE MONEY TO BUY THE SOUP AND COLD TABLET.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

NONE

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ___ No 1

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

4 months Riker's Island CORR
IN JAIL - MANHATTAN HOUSE OF DETENTION

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ___ No ☒ Do Not Know ___

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ___ No ☒ Do Not Know ___

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ___ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ___ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Outside Agency

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? None

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

None

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

Outside Agency Police Dept.
N.Y.C. P.D.

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any:

None

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

None

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

#1. I WOULD LIKE TO BE COMPENSATED FOR MY UNJUSTLY ARREST. #2. MY PHONE BEING SMASHED. #3. MY RIGHTS BEING VIOLATED.

1. million DOLLARS.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

On these claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Defendants

2. Court (if federal court, name the district; if state court, name the county)

3. Docket or Index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ___ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Defendants

2. Court (if federal court, name the district; if state court, name the county)

3. Docket or Index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 14th day of April, 2015

Signature of Plaintiff

Inmate Number

Institution Address

Derek Ross
ISR-0722
Ulster Corr Facility
730 Berme Road
Napanoch New York 12458

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 14th day of April, 2015 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Derek Ross